

CARROLL COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
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Larry L. Leitch, M.A., M.P.A.
Health Officer, Carroll County

Elizabeth M. Ruff, M.D.
Deputy Health Officer

Date: _____

To: Environmental Health

Re: Request for Refund of Fees Paid

File Number: _____

Refundable Amount: _____

Reason for Request of Refund: _____

Name: _____

Address: _____

Phone No.: _____

Social Security No.: _____ - _____ - _____

FID No., If Company _____

For Health Department use only:

Approval: _____

Note: Original Receipt or similar documentation must accompany this request.